

# BRITISH HEART JOURNAL

In association with the British Cardiac Society  
A Registered Charity

Founded 1939

## INTERNATIONAL EDITORIAL COMMITTEE

**Editor:** M J Davies **Associate Editors:** Peter Mills, H G Just  
**Assistant Editors:** R Gordon Murray (general cardiology), Janet McComb (electrophysiology),  
John L Gibbs (paediatric cardiology) **Statistical Advisor:** Ian Ford  
**Technical Editor:** Jane Dawson **Editorial Assistant:** Samantha Shaul

Antonio Bayes de Luna (Barcelona, Spain)  
Nicholas A Boon (Edinburgh)  
Roger M Boyle (York)  
John G F Cleland (Glasgow)  
Stuart M Cobbe (Glasgow)  
Henry J Dargie (Glasgow)  
Bernard J Gerah (Washington, DC, USA)  
Roger Hall (Cardiff)  
Stephen C Hammill (Rochester, USA)

Alan B Houston (Glasgow)  
Stewart Hunter (Newcastle upon Tyne)  
Barry Keeton (Southampton)  
Paul Kligfield (New York, USA)  
Wolfgang Kübler (Heidelberg, Germany)  
Paul M McKeigue (London)  
Richard L Popp (Stanford, USA)  
Edward Rowland (London)  
John Sanderson (Hong Kong)

Iain A Simpson (Southampton)  
Giuseppe Specchia (Pavia, Italy)  
Eric Topol (Cleveland, USA)  
Tom Treasure (London)  
Peter Wilde (Bristol)

Editor: *BMJ*

Editor: *Cardiovascular Research*

## NOTICE TO CONTRIBUTORS

Papers relating to the heart and circulation should be sent in triplicate to the Editor, British Heart Journal, 9 Fitzroy Square, London W1P 5AH, and be prepared according to the *Uniform requirements for manuscripts submitted to biomedical journals* (Vancouver agreement) (*BMJ* 1988;296:401-5). Authors are asked to complete a copy of the checklist provided (1995;73:105-6 (January issue)) when submitting their manuscripts for publication and to nominate three suitable reviewers. The reference number given on the acknowledgement letter sent out by the editorial office should be quoted on all subsequent correspondence and telephone inquiries. A covering letter (wherever possible giving a fax number) must be signed by all authors stating that they have seen and approved the paper and that the work has not been, and will not be, published elsewhere. All authors will be required to transfer copyright of their articles to the journal before publication. (All material for possible publication (including Letters to the Editor) must be typed in double spacing with wide margins.) A 250 word structured abstract must be sent with most papers. If requested, authors shall produce the data upon which the manuscript is based for examination by the editor.

## ETHICAL STANDARDS

Authors are expected to comply with the code of ethics known as the Declaration of Helsinki. Where appropriate, manuscripts should include a statement that the research protocol has been approved by the locally appointed ethics committee and that the informed consent of the subjects has been obtained.

**AUTHORSHIP:** All authors must fulfil the criteria of the International Committee of Medical Journal Editors (Vancouver agreement) (see *BMJ* 1991;302:338-41).

**ABBREVIATIONS** should not be used in the text, except for mathematical calculations and units of measurement.

**REFERENCES** must be cited precisely according to the Vancouver agreement and be typed in double spacing. As a general rule, no more than three references should be cited for any one statement.

Authors are responsible for the accuracy of any references cited: these should be checked at source or with the listing in Index Medicus.

**UNITS OF MEASUREMENT:** All haematological and clinical chemistry measurements should be given as SI units. Blood pressures should be given in mm Hg.

**COPYRIGHT PERMISSION** to reproduce material published elsewhere must be obtained in writing and acknowledged in the manuscript.

**PROOFS** of articles accepted for publication will be sent for the author's approval. Proof corrections should be kept to a minimum.

## NOTICE TO SUBSCRIBERS

*British Heart Journal* is published monthly. The annual subscription rates are £190.00 (USA \$309.00). Combined rate: *British Heart Journal* and *Cardiovascular Research* £416.00 (USA \$657.00). Orders should be sent to the Subscription Manager, *British Heart Journal*, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR. Orders can also be placed with any leading subscription agent or bookseller. Subscribers may pay for their subscriptions by Access, Visa, or American Express by quoting on their order the credit or charge card preferred together with the appropriate personal account number and the expiry date of the card. (For the convenience of readers in the USA subscription orders with or without payment may also be sent to British Medical Journal, PO Box 408, Franklin, MA 02038, USA. All inquiries, however, must be addressed to the Publisher in London.) **All copies are despatched by air-speed.** First class rates available on request.

**COPYRIGHT** © 1995 by the *British Heart Journal*. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior permission of the *British Heart Journal*.

ISSN 0007-0769

**Publication of this supplement is made possible by an educational grant from Bayer plc**

Published by the  
BMJ Publishing Group and  
printed in England by  
Byre & Spottiswoode Ltd,  
London and Margate.  
Text design by  
Oxprint Ltd, Oxford.

Second class postage paid, Rahway NJ Postmaster: send address changes to: British Heart Journal c/o Mercury Airfreight International Ltd Inc, 2323 Randolph Avenue, Avenel, NJ 07001, USA.

**RECOMMENDATION OF THE  
SPECIALIST ADVISORY COMMITTEE  
IN  
CARDIOVASCULAR MEDICINE**

*This is to certify that*

---

*has completed the required higher training  
in cardiovascular medicine  
to the satisfaction of the Specialist Advisory Committee  
in Cardiovascular Medicine and the  
Joint Committee on Higher Medical Training  
of the Royal College of Physicians  
and recommends that the  
General Medical Council  
should award the  
Certificate of Completion of Specialist Training  
in Cardiovascular Medicine*

Signed: \_\_\_\_\_ (Chairman SAC)

Date: \_\_\_\_\_

## APPENDIX

### Programme for higher medical training in cardiovascular medicine

#### Entry requirements

Applicants for higher medical training (HMT) should have completed a minimum of two years general professional training (GPT) in approved posts and obtained the MRCP (UK or I). A period of experience in cardiovascular medicine at senior house officer grade is considered desirable, although not essential, before entry to HMT. GPT should provide a minimum of 24 months involved with direct patient care, at least 12 months of which should be concerned with acute unselected medical intake. Non-British/non-Irish graduates without the MRCP who compete for HMT posts must provide evidence of appropriate knowledge, training, and experience, particularly in the care of acute medical conditions.

#### Duration and organisation of training

HMT in cardiovascular medicine will last 6 years. This will be made up of 4 years of basic clinical training (phases 2 and 3) including general (internal) medicine (GIM) during the first year in a general hospital (usually a DGH). A further year will be spent in research (see below - phase 3) and a final year (phase 4) acquiring specialised skills or additional training in GIM for those trainees wishing to obtain dual certification in cardiovascular medicine and GIM.

The programme to which the trainee is appointed will have named consultant trainers. In addition, one consultant within the same region will act as programme director to the trainee and will be appointed jointly by the postgraduate deans and the JCHMT.

A written record of training will be maintained by the trainee to be countersigned by the relevant trainer annually; it will remain the property of the trainee but must be produced at the annual assessment and for the final JCHMT decision on certification.

#### Research

A period of supervised research of high quality is considered a desirable part of the HMT in cardiovascular medicine. A relevant research period may contribute up to 12 months towards the total duration of HMT, the balance to be composed of clinical training. Trainees may wish to spend two to three years in research, either before obtaining a HMT post or by stepping aside from clinical training for a year or more while in post. This is perfectly acceptable but no more than 12 months educational credit will accrue. It will remain essential to acquire the full balance of clinical training.

#### Assessment

Assessment of trainees will be based upon the standard format of annual review, the full details of which may be found on page 8. The recommendation of the postgraduate dean on the award of a CCST will be submitted to the JCHMT who retain the final responsibility for advising the General Medical Council (GMC).

#### Academic cardiology

It is important that training received in academic units of cardiology is included within the general plan. Transfers between NHS training posts and academic posts should be facilitated according to the needs of trainees. Programmes involving academic units should be designed to ensure clinical competence and contain the basic 4 years of clinical training in phase 1 and 2. Phase 4 may be mainly further research.

#### General description of HMT

HMT will consist of four phases:

*Phase 1* – Cardiology in a general hospital (usually a DGH) with at least 60 nights of resident unselected medical intake and continuing responsibility for these patients. During this period the trainee will begin to acquire basic catheterisation and pacing

skills. If no facilities for this training are available in the DGH then sessions in a specialist centre will be arranged.

*Duration of phase 1: 1 – 2 years*

*Phase 2: Basic cardiology in a specialist centre* – During this period the trainee will participate in all the activities of the specialist centre. Training will involve further development of skills in the care of cardiac patients, non-invasive and invasive techniques, pacing, etc. There must be day to day contact with cardiac surgery.

*Duration of phase 2: 2 – 3 years*

*Phases 1 & 2 will together make up 4 years of training*

*Phase 3: Research* – Each trainee will be expected to participate in research for at least 80% of their time during one year of training. If suitable research has been carried out before entry to HMT one year of retrospective recognition towards training will be given. In general any research funded, after open competition, by one of the major grant giving bodies will be accepted without scrutiny. The suitability of other research will be assessed by a special research subcommittee of the SAC in Cardiovascular Medicine.

The timing of phase 3 should be flexible. Ideally it should occur during or after phase 2.

*Minimum duration of phase 3 (research): 1 year*

*Phase 4* – The final year of training will allow the trainee to develop special interests or acquire further training in GIM. Usually one special interest will be studied in depth but some candidates may wish to acquire experience in more than one of these areas. The main areas of special interest are:

- Interventional cardiology
- Non-invasive investigations
- Electrophysiology and advanced pacing
- Adult congenital heart disease

If the particular special interest required by the trainee is not available then every effort should be made to arrange secondment to a centre where it is.

*Duration of phase 4: 1 year*

#### Practical skills and curriculum

The main requirements are summarised below.

- Inpatient and outpatient care and assessment of cardiac patients including coronary care and liaison with cardiac surgeons.
- GIM - During the first year the trainee must do at least 4 nights a month acute unselected medical take with continuing care of the patients admitted.
- ECG interpretation and diagnosis and treatment of arrhythmias.
- Non-invasive investigations including transthoracic echocardiography, ambulatory monitoring, stress testing and nuclear investigations.
- Invasive cardiology including cardiac catheterisations and coronary angiography as well as bedside haemodynamic monitoring.
- Temporary and permanent pacing.
- Assessment of adult and adolescent patients with congenital heart disease.
- Involvement with at least some of the following special clinics/activities: lipid, hypertension, chest pain assessment, heart failure clinics, rehabilitation and assessment of heart disease in pregnancy.
- Involvement and training in management and audit.
- Research (see above).
- Further training in GIM or development of a special interest during the final year of training.